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PT0/5922 (12-04) Approved for use through 07/31/2005, CMIB 0531-0021 U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE a collection of information unless if displays a valid OMB control number.

Under the peperwork Reduction Act of 1895, no persons are remained to N PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) FY 2005 134036 (Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4918).) 03/19/2001 Application Number 09/812,146 Filed For Chariffication and Tagging Rules for Switching Nodes Examiner Anthony T. Ton Art Unit 2661 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee 120.60 \$60 One month (37 CFR 1.17(a)(1)) \$120 450.00 \$226 Two months (37 CFR 1.17(a)(2)) \$450 1,028.00 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 1,590.00 Four months (37 CFR 1.17(s)(4)) \$1590 1795 2,160,00 \$1080 Five months (37 CFR 1.17(a)(5)) \$2180 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or cradit any overpayment, to Deposit Account Number 50-0838 I have enclosed a duplicate copy of this sheet. I have enclosed a duplicate copy of this sheet. Deposit Account Number WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37.05R 1.34. 38,917 January 31, 2005 Craig A. Hoersten (972) 519-5143 Typed or printed name Tolophono Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) one required. Submit multiple forms if more than one styreture is required, see below.

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 25 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes 8 Confidentially is governed by SS U.S.C. 122 and 37 CFR 1,11 and 1.14. This collection is estimated to take 6 minutes to ting, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any require to complete this form end/or suggestions for reducing this burder, should be sent to the Chief Information Officer, e, P.O. Box 1480, Alt oria, VA 22313-1450. DO NOT SEND REES OR COMPLETED FORMS TO THIS ADDRESS. SERED TO: CO er for Pa nts, P.O. Box 1450, Ale

If you need assistance in completing the form, cell 1-000-PTO-8199 and select option 2.

PAGE 28 ° RCVD AT 1/31/2805 12:36:59 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNBS:8729306 * CSED:972 477 9328 * DURATION (mm-ss):02-32

forms are submitted.

PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Number | | |
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| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
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| * If t | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | <u> </u> | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| ١, | 1-31-05 | (Column 1) | | (Column 2) | (Column 3) | | SMALLE | NTITY | OR | | R THAN ENTITY |
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| *- If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | |

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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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